



SPECIAL VISIT REQUEST

Name DOC number Living unit Date

Date and time of requested visit(s):

DATE	START TIME	END TIME

Intended visitor(s):

NAME	DOB	RELATIONSHIP	HOME ADDRESS (complete)

Reason for visit:

Requester's signature: _____

DO NOT WRITE BELOW THIS LINE

File materials, documents, and/or contacts verify accuracy of the above.

Visit Sergeant Signature Date

NCIC/WACIC/JABS Clear? Yes No

Employee who conducted background check Signature Date

Approved Denied

Approver signature Date

Comments:

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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